SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND, DEP. IND. DEP. IND. DEP. INC. DEP. IND. DEP. IND. DEP. 1: 1: 1(.66 Ø8 36 39 40 41 42 43 44 45 46 47 48 49 50 TOTAL IND. TOTAL TOTAL. (3-78) NAY BE USED FOR ADDITIONAL (LADIS OF ANI. IDUCATE CE. DEPARTMENT OF COLUMNICS